

962 REPORTING AND MONITORING OF SECLUSION AND RESTRAINT

EFFECTIVE DATES: 10/01/94, 07/12/17, 10/01/18

REVISION DATES: 10/01/97, 10/01/01, 08/13/03, 04/01/05, 06/01/05, 02/01/07, 10/01/08, 10/01/09, 02/01/11, 04/01/12, 10/01/13, 10/01/15, 07/01/16, 04/06/17, 06/13/18

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, and RBHA Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHA, American Indian Health Program (AIHP), and all FFS populations, excluding Federal Emergency Services (FES) unless otherwise delineated within this Policy. (For FES, see AMPM Chapter 1100). The purpose of this Policy is to establish requirements for reporting and monitoring the use of Seclusion and Restraint (S&R).

II. DEFINITIONS

**BEHAVIORAL HEALTH
INPATIENT FACILITIES
(BHIF)**

For the purpose of this policy, ADHS, State-licensed Behavioral Health Inpatient Facilities (BHIF), and Out-of-State facilities that are authorized to use S&R as defined in R9-21-101(50) and A.A.C. R9-10-316.

CHEMICAL RESTRAINT

Pharmacological restraint as used in A.R.S. §36-513 that is not standard treatment for a member's medical condition or behavioral health issue and is administered to:

- Manage the member's behavior in a way that reduces the safety risk to the member or others,
- Temporarily restrict the member's freedom of movement as defined in A.A.C. R9-21-101(26).

**MECHANICAL
RESTRAINT**

Any device, article, or garment attached or adjacent to a member's body that the member cannot easily remove and that restricts the member's freedom of movement or normal access to the member's body, but does not include a device, article, or garment:

- Used for orthopedic or surgical reasons, or
- Necessary to allow a member to heal from a medical condition or to participate in a treatment program for a medical condition as defined in A.A.C. R9-21-101(44).

**CHAPTER 900 – QUALITY MANAGEMENT AND PERFORMANCE
IMPROVEMENT PROGRAM****PERSONAL RESTRAINT**

The application of physical force without the use of any device, for the purpose of restricting the free movement of a member's body, but for a behavioral health agency licensed as a level 1 RTC or a Level I sub-acute does not include:

- a. Holding a member for no longer than five minutes,
- b. Without undue force, in order to calm or comfort the member, or
- c. Holding a member's hand to escort the member from one area to another as defined in A.A.C. R9-21-101(50).

SECLUSION

The involuntary confinement of a behavioral health recipient in a room or an area from which the person cannot leave.

**SECLUSION OF
INDIVIDUALS DETERMINED
TO HAVE A SERIOUS
MENTAL ILLNESS**

The restriction of a behavioral health recipient to a room or area through the use of locked doors or any other device or method which precludes a person from freely exiting the room or area or which a person reasonably believes precludes his/her unrestricted exit. In the case of an inpatient facility, confining a behavioral health recipient to the facility, the grounds of the facility, or a ward of the facility does not constitute seclusion. In the case of a community residence, restricting a behavioral health recipient to the residential site, according to specific provisions of a service plan or court order, does not constitute seclusion.

III. POLICY

The use of S&R shall only be used to the extent permitted by and in compliance with A.A.C. R9-21-204 and A.A.C. R9-10-316. If S&R is used, this shall be reported as described in this Policy to the Contractor, AHCCCS, Division of Healthcare Advocacy and Advancement (DHCAA), Office of Human Rights (OHR), and the appropriate Independent Oversight Committee (IOC) via collaboration with the DHCAA Community Affairs Liaison.

OHR and the IOCs review such reports to determine if there has been any inappropriate or unlawful use of S&R and to determine if S&R may be used in a more effective or appropriate fashion.

If any OHR or IOC determines that S&R has been used in violation of any applicable law or rule, the OHR or IOC may take whatever action is appropriate in accordance with A.A.C. R9-21-204 (X).

IV. REPORTING REQUIREMENTS

ADHS, State-licensed Behavioral Health Inpatient Facilities (BHIF) and Mental Health Agencies, including Out-of-State facilities that are authorized to use S&R as defined in R9-21-101(50), R9-10-2012 and A.A.C. R9-10-316 shall follow the reporting requirements as outlined below:

A. BHIF's and Mental Health Agencies shall submit S&R reports to the Contractor as follows:

1. Each BHIF or Mental Health Agency shall submit individual reports of incidents of S&R involving AHCCCS members directly to the Contractor (including reports for AIHP members receiving behavioral health services through a RBHA) within five days of the incident utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A. In the event that the use of S&R requires face-to-face monitoring as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted to the Contractor as an attachment to the individual report.
2. Each BHIF or Mental Health Agency shall report the total number of incidents of the use of S&R involving AHCCCS members in the prior month to the Contractors by the fifth calendar day of the month. If there were no incidents of Seclusion or restraint during the reporting period, the report should so indicate.

B. Contractors and the Arizona State Hospital (AzSH) shall submit individual and summary reports of the use of S&R to the **AHCCCS DHCAA-OHR as follows:**

1. Submit monthly individual reports, utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving members designated as SMI, on the 15th of each month. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
2. In accordance with A.R.S. §36-509, the Contractor and AzSH shall redact information on substance use or HIV/AIDS/communicable disease(s) from the reports.
3. Submit monthly summary reports, utilizing Attachment B or the agency's electronic medical record that includes all elements listed on Attachment B, concerning S&R information involving members designated as SMI, on the 15th of each month.

C. Contractors and the AzSH shall submit individual and summary reports of the use of S&R to the **AHCCCS DHCAA-Community Affairs Liaison (Formerly HRC Coordinator) as follows:**

1. Submit redacted monthly individual reports utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving members designated as SMI, on the 15th of each month. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
2. Submit redacted monthly summary reports, utilizing Attachment B or the agency's electronic medical record that includes all elements listed on Attachment B, concerning S&R information involving members designated as SMI, on the 15th of each month.

3. Contractors and AzSH shall ensure that the disclosure of protected health information is in accordance with state and federal laws.

D. BHIFs and Mental Health Agencies providing services to FFS members including TRBHAs, Tribal ALTCS, and AIHP (except AIHP members who are receiving behavioral health services through a RBHA) shall submit S&R reports directly to the OHR via email at OHRts@azahcccs.gov as follows:

1. Forward individual reports, utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving members designated as SMI within five days of incidence to OHR via OHRts@azahcccs.gov. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
2. In accordance with A.R.S. §36-509, the BHIF or Mental Health Agency shall redact information on substance use or HIV/AIDS/communicable disease(s) from the reports.

E. BHIFs and Mental Health Agencies providing services to FFS members including TRBHAs, Tribal ALTCS and AIHP (except AIHP members who are receiving behavioral health services through a RBHA) shall submit individual and summary reports of the use of S&R to the **AHCCCS DHCAA-Community Affairs Liaison (Formerly HRC Coordinator)** via email at DHCAACommunityAffairs@azahcccs.gov as follows:

1. Forward redacted individual reports, utilizing Attachment A or the agency's electronic medical record that includes all elements listed on Attachment A, concerning the use of S&R involving members designated as SMI within five days of incidence to the AHCCCS DHCAA-Community Affairs Liaison via DHCAACommunityAffairs@azahcccs.gov. In the event that the use of S&R requires face-to-face monitoring, as outlined in A.A.C. R9-21-204, a supplemental report shall be submitted as an attachment to each individual report.
2. In accordance with A.R.S. §36-509, the BHIF or Mental Health Agency shall redact information on substance use or HIV/AIDS/communicable disease(s) from the reports.